R. C. Brusslan & Co

GENERAL INSURANCE

Service - Protection

Telephone WEbster 9-4537

CHICAGO, ILLINOIS 60606

MONTHLY STATEMENT

AS OF 10/29/8

c=5010=C8250

Items received after above date will appear on next statement

CONTINENTAL WRECKING CO 1632 E 134TH ST CHICAGO ILL

INVOICE NUMBER	POLICY NUMBER	MO. DAY YR.	DESCRIPTION	AMOUNT
0935	GL0406	06 25 8	GENERAL LIAB.	300.00
		E BALANCES	DEC 5 1968 RICHBRUSSLAN	Salary 1178
) DA'		DAYS	90 AND OVER	
-37		100.00	200.00 YOUR BALANCE IS	300.00

R. C. BRUSSLAN & COMPANY

330 SOUTH WELLS STREET

CHICAGOFILL. 50606
13 SEP
1968



53 Years of Service

\$100.00

INVOICE

R. C. Brusslan & Co

GENERAL INSURANCE

Service — Protection

330 So. Wells St.

Telephone WEbster 9-4537

CHICAGO, ILLINOIS 60606

INVOICE DATE: 1/24/69

Continental Wrecking Co. C8250 1632 E. 134th St. Chicago, III.

BROKER

MORTGAGE COMPAN	Totaxata	ate							
POLICY NO. 183-061922	l year	12/10/68	12/10/69	10	08 cr	TR 10	Nº	1856	REF. INV. NO.
	DESCF	RIPTION OF COVERA	BE					AMOUNT	PREMIUM
		Excess Li	ability			ABI	g.		\$500.00
Maper	mil the	*	0	0		01/E	7, /v	168	
AGCY. PROD.	IMPORTAN	DATE	PREMIUM	/ם	TE	PR	EMIUM	DATE	PREMIUM
	INSTALLMENTS ARE DUE AND								

AAA O2111 RN CO.

CS-I

COMMUNITY CENTER INSURANCE AGENCY Complete Insurance Service .

LIFE . FIRE . AUTO . ACCIDENT . HEALTH . BURGLARY . LIABILITY . PLATE GLASS . COMPENSATION

4803 SO. WABASH AVE. CHICAGO, ILLINOIS 60615 Telephone: 536-2400

Acct# 2316

Continental Wrecking Co. 1632 E. 134th Street Chicago, Illinois

1/27/69 DATE:

DATE ISSUED	TO EXPIRE	COMPANY AND POLICY NUMBER	COVERAGE—AMOUNT OR LIMITS	PREMIUM
.2 <u>/</u> 23/68	12/31/69	Summit Fidelity	Street Obstruction Bond \$10,000	\$100.00
	(2)		1-22-69	

IMPORTANT: Please examine the policies listed above and notify immediately if any changes or corrections are necessary. Any policy not wanted must be returned promptly for cancellation; otherwise an earned premium will be charged by the Company for the time it was in force. Premiums are due when policies are received. Kindly make all checks payable to COMMUNITY CENTER INSURANCE AGENCY

COMMUNITY CENTER INSURANCE AGENCY Complete Insurance Service

LIFE . FIRE . AUTO . ACCIDENT . HEALTH . BURGLARY . LIABILITY . PLATE GLASS . COMPENSATION

Mapier Paid Check

4803 SO. WABASH AVE. CHICAGO, ILLINOIS 60615 Telephone: 536-2400 Acct# 2316

Continental Wrecking Co. 1632 E. 134th Street Chicago, Illinois 60633

1/27/69

DATE ISSUED	TO EXPIRE	COMPANY AND POLICY NUMBER	COVERAGE-AMOUNT OR LIMITS	PREMIUM
1/16/69		Summit Fidelity	Performance Bond \$2,460.0	\$61.50
			23.69	
		,	No.Fr	

IMPORTANT: Please examine the policies listed above and notify immediately if any changes or corrections are necessary. Any policy not RB wanted must be returned promptly for cancellation; otherwise an earned premium will be charged by the Company for the time it was in force. Premiums are due when policies are received. Kindly make all checks payable to COMMUNITY CENTER INSURANCE AGENCY

R. C. Brusslan & Co

GENERAL INSURANCE

Service - Protection

330 So. Wells St.

Telephone WEbster 9-4537

CHICAGO, ILLINOIS 60606

MONTHLY STATEMENT

CONTINENTAL WRECKING CD 1632 E 134TH ST CHICAGO ILL AS OF 08/30/8

C=S010=C8250

Items received after above date will appear on next statement

DETACH ON PERFORATION AND RETURN TOP PORTION WITH REMITTANCE \$

INVOICE	POLICY	EFFECTI	VE	DESCRIPTION	AMOUNT
INVOICE NUMBER	POLICY NUMBER	MO. DAY	YR.	DESCRIPTION	AMOUNT
0935	GL0406	06 25	В	GENERAL LIAB.	400.00
0935		08 115		PAYMENT	100,00
0935		08 31	8	ADJUSTMENT	100.00
	PAST DUE	BALANCES			
30 DA	YS 60	DAYS		90 AND OVER	
		300.00		YOUR BALANCE IS	400.00

DI) A OTICAL
STANDA	ADIZED" FORMS FOR CONTRACTORS
P	KAUTCHE
	FORM 591
ĺ	MED IN II C A

SWORN STATEMENT FOR CONTRACTOR AND SUBCONTRACTOR TO OWNER

State of Illinois)				
County of Cook	ss.				
County of	······································				
The affiant, an of	Tames L. Napier ficer for Continenta	l Wrecking C	being first Company	duly sworn, on oo	th deposes
contract with (2) demolition	Shell Oil Compan	y 1 West Roose			wner for
on the following described premises in said	d County, to-wit: 3149-0	I West Roose	vert noau		
That, for the purpose of said contract materials for, and have done or are doing opposite their names for materials or labor owner (4)—Partial—Final Payment on so due and to become due them.	g labor on said improvement. ' or as stated. That this statemen aid contract, and is a full, true o	That there is due and it is made to said o and complete stateme	to become due them wner for the pe ent of all such perso	n, respectively, the curpose of procuring ons, and of the am	mounts set from said punts paid,
(1) A member of the firm of, or officer of owners. (3) What the contract or subcontract is	the corporation of, naming same. I for. (4) Partial or Final Payment.	If a subcontractor so st	ate and name the con	ractor. (2) Name of t	he owner or
NAME AND ADDRESS	CONTRACT FOR	AMOUNT OF CONTRACT	TOTAL PREVIOUS REQUESTS	AMOUNT OF THIS REQUEST	BALANCE TO COMPLETE
Continental Wrecking Co., 1632 East 134th St.	Inc. Wrecking	30,60000	17,000-00	13,600 00	000
Chicago, Ill. 60633					
	#			An ordered and a second and a s	Iumo
	Transit 1: to the 1: 10 to 11: 12 to the 1: 12 to the 1: 12 to 11: 12 to				**************************************
A DESTRUCTION OF THE SECOND SE	1	Part 1,0,0			
	The second secon				
	The state of the s	1 100 111 No. 2007 SERIES SERVE, 1 1 1			

		The state of the s		Annual Photography of the Control of	
		The state of the s		1000	
The second control of				an very constant of the consta	
				w w	
	m, r, me, n197 fee, m27 fe, charlying palenting papersons. Store on the paperson, s.c. companies		and has been proved the state of the st	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	and the second section of the s
The second secon	Annual Control Manual & Landerson Color of the control of comprise Colors				
	A CONTRACTOR OF THE STATE OF TH				
	The second of th				
				The state of the s	
	THE TAXABLE PARTY OF THE PARTY				

PORCELAIN ENAMEL FINISHERS 3221 W. 30th St. Chicago, Illinois, 60623

CUSTO	MER'	5	
ORDER	NO.	8	DATE
PENIIIS	ITIO	N	NO

CONTRACT NO.

REFER TO INVOICE NO. 13217

INVOICE DATE

3/6/69

VENDOR'S NOS.

CALCULATIONS CHECKED TRANSPORTATION FREIGHT BILL NO. AMOUNT MATERIAL RECEIVED

FOR CUSTOMER'S USE ONLY

VOUCHER NO.

PRICE APPROVED

TITLE

SOLD

Continental Wrecking Co., Inc. TO 1632 East 134th St. Chicago, Illinois, 60617

SHIPPED TO AND DESTINATION

TERMS

CAR INITIALS AND NO. HOW SHIPPED AND ROUTE

QUANTITY

PREPAID OR COLLECT?

AUDITED FINAL APPROVAL

SIGNATURE

SATISFACTORY AND APPROVED

ACCOUNTING DISTRIBUTION

DESCRIPTION

UNIT PRICE

AMOUNT

Signs, single face, 3 color 4' x 3' 10

F. O. B.

28.00 ea

ADJUSTMENTS

REGISTER NO.

F. O. B. CHECKED

TERMS APPROVED

\$280.00

Sales Tax

14.00

Deposit

¥294.00 125.00

\$169.00

PAID THANK YOU.

Flease phone me - 2473221 RGulman

TOPS FORM 3325 LITHO IN U. S. A.

DEPARTMENT OF BUILDINGS

CITY OF CHICAGO

Permit No.

Room 401 - 320 North Clark Street

Application for Permit to Wreck	Building or Structure
A Linear	MARCH 5. 1969
Location 3151 W. ROOSEVELT RO.	
Owner SHELL OIL COMPANY Address	2620 DES PLAINTES AVE.
Wrecker CONTINEATAL WRECKING Address	1632 CAST 134th STREET
Amount of Wrecker's Bond 440,000 House No. Cert	ificateDate
Size of LotNo. of Buildings to be Wrecked on	
Width Length No. of St	tories Frame Brick VCS
Use Classification———Lineal Feet of Frontage————	if Corner Lot, Give Side Frontage
Number of Party Walls on PremisesArch	
Owners () () ()	iress
Remarks Aunce 10/4 from 8	BILG RAE
We hereby certify that the statements in this application are true belief, and that all work under the proposed permit will conform t	and correct to the best of our knowledge and o the Municipal Code of the City of Chicago.
Signature of Owner	FOR OFFICE USE ONLY
Address Continental Wrecking Co.	Owners Consent Filed
Signature of Wrecker——————————————————————————————————	Other Consents Filed
Address	Contract Filed
State of ss.	Insurance CertificateHas Work on Party Wall
I,a Notary Public in and for the said County and State aforesaid, do hereby Certify that	Been Arranged for
known to me, to be the same person whose name is duly	Canopy Required
subscribed to the foregoing Application, being first duly sworn	Have Plans Been Approved
on oath deposes and says that is the owner of record and acknowledges ownership of the property described in this application and that said applicant has entered into a contract	AMOUNT OF FEE \$
with Wrecker,	
to wreck the above described building or structure.	
Subscribed and sworn thisday of19	For Department of Buildings
Notary Public	

10 S. RIVERSIDE PLAZA CHICAGO, LILINOIS 60606 Please direct all Correspondence to the above address If incorrect, return immediately. PAYOR REMITTANCE CODE 01 - SMELL OIL COMPANY 02 - SMELL CHEMICAL COMPANY 06 - SMELL DEVELOPMENT COMPANY	am	STATEMENT OF REMITTANCES									
10 S. RYERSIDE PLAZA CHICAGO, ILLINOIS 60606 Please direct all Correspondence to the above address If incorrect, return immediately. PAYOR REMITTANCE CODE 01 - SHELL OIL COMPANY 02 - SHELL CHEMICAL COMPANY 06 - SHELL DEVELOPMENT COMPANY		PAYOR	REFERENCE NO.	INVOICE NO.	INV. DATE	DISCOUNT	NET AMOUNT				
Please direct all Correspondence to the above address If incorrect, return immediately. PAYOR REMITTANCE CODE 01 - SHELL OIL COMPANY 02 - SHELL CHEMICAL COMPANY 06 - SHELL DEVELOPMENT COMPANY		01	05-19-117-07	1058	04,-30		13,600.00				
Correspondence to the above address If incorrect, return immediately. PAYOR REMITTANCE CODE 01 - SHELL OIL COMPANY 02 - SHELL CHEMICAL COMPANY 06 - SHELL DEVELOPMENT COMPANY											
PAYOR REMITTANCE CODE 01 - SHELL OIL COMPANY 02 - SHELL CHEMICAL COMPANY 06 - SHELL DEVELOPMENT COMPANY	Correspondence to the										
REMITTANCE CODE 01 - SHELL OIL COMPANY 02 - SHELL CHEMICAL COMPANY 06 - SHELL DEVELOPMENT COMPANY	If incorrect, return immediately.										
02 - SHELL CHEMICAL COMPANY 06 - SHELL DEVELOPMENT COMPANY											
	02 - SHELL CHEMICAL COMPANY										
Detach before depositing check.	Datach before depositing check										
CK - 7112 (7/67) C-72813-01 280725 CORRESPONDENCE > 13,600.00	CK - 7112 (7/67)	(C-72813-01	280725	CORRES	SPONDENCE D REFER TO	13,600.00				

CHECK NUMBER

AMOUNT OF CHECK

VENDOR CODE

CONTRACTOR'S AFFIDAVIT - SHORT	JANUARY, 1967		LEGAL FORMS
State of Illinois SS.			
County of County of			
James L	Papier	, being first duly	sworn, on oath
deposes and says that he is	t the contractor for the	e thell Oil Com	gany for the
building erected for St	AFIL OIL COA	IPANY	· · · · · · · · · · · · · · · · · · ·
owner, on the following described pre-	emises, to-wit:	n [†]	
3149-61	WEST ROSS	ever P.	
CHICAG	WEST LOOSE	COCI (S),	
that the names of all parties furnishing are as follows:	ing materials and labor a	nd the amount due or to	become due each
N		A	Amount to
Name		Amount due	become due
Continental Wricking O	0	7 (0,600	002.84
and that this affidavit is made pursu	ant to the Illinois statute		ens to induce the
owner to make 3	payment of \$	000	to said contractor
under the contract for the work descri	ribed above.	f y	
Fifteen percent (15%) retain	nod until W	ur L. Capin	J Thes.
Subscribed and sworn to before me		ontinontal Wa	rocking-Co
this 31 day of MARCH	, 1969		
	<u> </u>		
Notary Public			

CAPITAL STOCK TAX RETURN — 1969

STATE OF ILLINOIS
DEPARTMENT OF REVENUE
DIVISION OF LOCAL GOVERNMENTAL AFFAIRS
AND PROPERTY TAX

RLG-10 (12/68)

			THIS RET		T BE FILED age 4 for m			Account the same	1969				
	EXACT N	IAME AND	ADDRESS	OF CORPO	PRATION		7	'	Feder	al Empl	oyer Iden	tification N	umber
L										- Contraction of the Contraction	1000-0000000000000000000000000000000000	under sub de? Yes	ochapter S No
Nature of Business _					Date of inc	corporatio	n		County	-			
SCHEDULE A			MA	RKET VAL	UE OF STO	CK AND	NDEBTE	DNESS					
Character of section (1)	urity	Average of 1964-1965 (2)	1965 1966 (3)	1986-1967	1967-1968 (5)	1968-1969	2, 3, 4,	n of mns 5 and 6	Average value of ties. Co vided by years re	no. of	Numbe of units outstandi (9)	of s	ket value ecurities 8 x Col. 9 (10)
Stockš:	-	2004			R.C.	200	-				-0		
Funded Debt:	(4/(11)		A.	8212	1							
Exchanges on which	securities	are listed		ALM 18	100	Aggregat	e market	value o	f stocks	and fu	nded deb	t	
SCHEDULE B		1	REAL ESTA	TE ASSESS	SMENT AN	D AMOUN	T OF TAX	(Illinoi	s only)				
Character of property (1)	Le	gat descripti	on or Address	s where asse	essed	Not his	Item No. or Page and Line	wh	ated	equaliz	valuations ed shown o 8 tax bill (4)	n Amou	int of tax filled (5)
	WALL	000		75/2	HARIN	77.			· · · · · · · · · · · · · · · · · · ·			*	
1/10) *			RE	\ <u>\</u>			Me)				
			ER 12/1/2	9 4.	- <u> </u>		alla	1/1/1/1		****			
Column 4 figu	tree musi	ho taken	from 1969	tav bille	navable in	1050	Totals	V					
SCHEDULE C			PERSONAL	PROPER		MENT AN	D AMOU			ois only			
Township where a	ssessed		,	Address	where asset	ssed		Ma	// equali	d valuation and shown 58 tax bill (3)	n as on	Amoun tax bill (4)	
				V			RC		, n.	194			
Column 3 figu	res must	be taken f	rom 1968 t	ax bills pa	yable in 19	69							
SCHEDULE D		ALL	OCATION E	DATA (corp	porations	white bro	perty out	side Illir	nois only	()			
(Report any other its	ems releva	em nt to your (company's b	usiness)	Total amou corpor (2	ation	Amount w	ithin Illino	ois Am	ount outsi	de Illinois	Percentage In Illinois (5)	Outside Illinois (6)
Gross business re Book value of tangestate (List by class)	gible pers	onal prope	rty and real	l .	\$ \$		\$ \$_		\$ \$				
3 Value of tangible					aal actata	nyentony	machina	ne furni	tura and	Leguinm	ant)	\$	

BALANCE SHEET-MARCH 31, 1969

SCHEDUL E	, 0,,	2000						-		
his balance sheet must agree with books of account.			Assets as carried on company books (1)				True fair cash value (If any item is less than book value attach explanation) (2)			
ASSETS										
Current Assets:			1							
Cash in bank and on hand										
*Obligations of Federal Government										
*Stock in Illinois Corporations, Illinois Banks, and National Banks (Not Bonds)										
*Stock in foreign corporations owning tangible property assessed in Illinois (Not Bonds)		1							9000	
*Other Securities										
Receivables, less reserve for bad debts of\$										
Inventories										
*Prepaid expenses										
*Other current assets										
Total current assets										
Other Assets:										
*Accounts with officers, employees, and stockholders										
*Other non-current and non-capital assets										
										_
Capital Assets:										
Land										
Buildings, less reserve for depreciation of\$										
Machinery, furniture, etc., less reserve for depreciation of										
*Intangible Assets:										
The state of the s										
Total assets										_
LIABILITIES AND NET WORTH	WO	RTH A	S AND S CARR ANY BOO	IED		B/	ASIS OF	VAL	.uation	
Liabilities for Current Purposes: (obligations incurred for such items as rent, wages, insurance, taxes, etc., and excluding debt for purchase or improvement of property)					fo	r the	valuation	n of	above the bas each class ons below m	o
Federal and State taxes			-		be	e emple	oved. If	the	value of a column 2	2my
Local property taxes					UI	nder bo	ok valu	e sh	own in colun	nr
*Accounts payable (for expenses)				_	1,	submi	t reason	ns ur	nder oath.	
*Notes payable (for expenses)	-						ALL OLD MARKET		Abbro	OF ICCCS
*Other expenses	8				_		Basis		viatio	วท
	-						ealue			
TOTAL	-					ost or m	narket va	alue,		
Liabilities not for Current Purposes: (including debt for improvement of property)					Ar		ver is le I value			
Bonds and Mortgages					Pa	aid-in v	alue		Р	
Accounts payable (for property)							value .			
Notes payable (for property)	-		-			ther:		101010		
					=					
TOTAL					-					
Reserves:	İ									
				-						
NA W-AL.				-						
Net Worth:										
Capital Stock	-									

^{***}Total liabilities and net worth

***SUPPLY SUPPORTING SCHEDULES—giving detailed information.

SCHEDULE	E F	STATEM	ENT OF PROFIT AN	ID LOSS, CALENI	DAR YEARS, OR	FISCAL YE	ARS EN	IDING		_(OMIT CENTS
				INCOME			19	966	1967	1968
			1. Gross Sales or C	perating Income (I	ess returns and alle	owances)				
			2. Less: Cost of Go	ods Sold/Operation	ıs	****				
			3. Gross Prof	it from Operations						
			4. Interest on oblig	ations of United St	ates					
20.0	ANOTE		5. All other interest							
	*NOTE		6. Rents and royalti	les	**:===					
			7. Dividends on exe	mpt stock**						
		OULES FOR	8. Capital gains*			*****				ļ
	TAILED SCHE		9. Other income							
	FOLLOWED B		10. Total income	(Items 3 to 10)						
	SUPPLY DETAI									
	ALL ITEMS O			EXPENSE	S					1
	ND CHANGES		11. Compensation to	officers (See Sched	dule I)		-			-
	WHICH ARE OF		12. Other salaries, w	ages and commissi	ions					
	OR NON-	(ECDIMINO	13. Rent							
NATURE.			14. Taxes (Other tha	n Federal Income)®						
-			15. Bad Debts				-			ļ
			16. Depreciation			****************	-			
			17. Interest on indeb	tedness not for curi	rent purposes	,	-		77	
			18. All other interest	expense			-	-		
			19. Other expenses*					-	7	
		4	21. Net Income (I	tem 10 less Item 20	0)					<u> </u>
			22. Income taxes pay	rable				_		
			23. Net Income a	fter income taxes (Item 21 less item :	22)			-	
			24. Other surplus cre	edits and reconciling	g items*					
		33		51 W	f year			-		
			26. Total of Items	21, 24 and 25			-			
		1.7	THE STREET WAS STREET	····		1,1100000			1/2	
			28. Other surplus cha	CAPTO DE UN LOS APROS	The state of the s					
					****************************				***************************************	
			30. Earned surplus a		The second secon				www	
**Stocks of	Illinois corpo	rations, Nationa	I banks and foreign	corporations owning	g tangible property :	assessed in	Illinois.			
SCHEDULE	E G	PAYMEN	NT OF CAPITAL STO	OCK TAX TO COU	NTY COLLECTOR	FOR PREC	EDING	3 YEARS	3	
y 						***	19	66	1967	1968
Capital St	le Annocement									
		ray Paid						***		
SCHEDULE		A PLANTAGE WALLEN	RY OF NET PROFIT	CONTRACTOR OF THE PARTY OF THE	PROPERTY LANGEST PROPERTY OF THE PROPERTY OF T		RS (OMI	T CENTS	37	<u> </u>
SCHEDULE	- 11			Less dividends				Weights	1	
Year	Fiscal Year ending (Indicate fractional years)	Five year net income or loss after taxes	Less interest on obligations of United States	from stocks of Illinois banks, Illinois corpo- rations, National banks, etc.	Add — Interest paid or accrued on indebtedness not for current expenses	Net income loss as a cool. 3 pluminus con and	djusted s col. 6 ols. 4	Applicable to net profits or loss	Net profits or multiplied	losses in col. 7 by respective in col. 8
(1) (2) (3) (4) (5) (6) (7) (8)							(9)			
1st	1964							1		
2nd	1965							1		
3rd	1966							1		
10000000			100000						100	

If 5 years earnings are reported divide by 8; 4 years by 7; 3 years by 6; 2 years by 5
 Average weighted earnings divided by 7 and multiplied by 100

1967

1968

1. Total column 9

4th

5th

SCHEDULE I	COMPENSATION OF OFFICERS
1. Amount of compensation pa	id to officers as shown on latest Federal Income Tax Return\$
2. Number of officers receiving	such compensation
3. How many of these officers	devote full time to the company's business?
A Average number of employe	es (exclusive of officers)
4. Average number of employe	55 (GACILISIVE OF ORICCES)
	MAILING INSTRUCTIONS
If corporation's principal of Corporate Assessment Section	ice is located in COOK, DuPAGE, KANE, LAKE, McHENRY or WILL county send return to Department of Revenue on, Room 729, 160 North LaSalle Street, Chicago, Illinois 60601.
2. If corporation's principal off West Adams Street, Springfic	ce is located elsewhere send return to Department of Revenue, Corporate Assessment Section, Room 206, 32 ld, Illinois 62704.
	NOTE
Before submitting this return the fol	
1. HAVE ALL OF THE SCHEDULES	
	Illinois Department of Revenue (Capital Stock Division) regarding those sections which have caused difficulty?
3. Have DETAILED SCHEDULES bee	prepared listing:
(a) Stocks of Illinois corporat (b) Illinois and National bank	ions, and of foreign corporations owning tangible property assessed in Illinois.
(c) Federal securities.	SLUCKS.
(d) Liabilities for current purp	
(e) Items marked (*) in Sched	
 Has the schedule been signed by Has the schedule been notarized? 	the proper authorities:
When all returns have been audi	ted, the amount of the CAPITAL STOCK TAX assessment is published in the state official newspaper and as a courtesy the tas s amount. If the taxpayer feels that the assessment is not proper, he may object WITHIN TEN DAYS from the date of publications.
	PENALTY FOR FAILURE TO FILE SCHEDULE — FALSE RETURNS
If any corporation shall refuse to	supply the information herein required or to subscribe and swear to the same, the Department shall list the capital stock of suc
valuation. (Revenue Act of 1939, Sec.	owledge, information and judgment at its fair cash value, and shall add to the valuation an amount equal to 50% of suc 54) ule, shall wilfully swear falsely in any material matter shall be guilty of perjury and punished accordingly. (Revenue Ac
SCHEDULE J	SIGNATURE AND OATH
Name of person to whom reques	ts for additional data may be directed
Relation to company	AddressTelephone No
STATE OF	the heart made at all and the by the heartest of account of account, of account,
County of	Ss. We, the President and Treasurer (or Secretary) of the
Corporation, for which this return is and schedules attached, which are	made, being duly sworn, each for himself on oath says that the matters set forth in the foregoing return, and in all statement lereby made a part of this return, correspond to the books of said corporation and are true and correct.
	President,
	Treasurer or Secretary
Subscribed and sworn to before me,	thisA.D. 1969.

STATE OF ILLINOIS DEPARTMENT OF REVENUE

GEORGE E. MAHIN

DIVISION OF LOCAL GOVERNMENTAL AFFAIRS AND PROPERTY TAX

CORPORATE ASSESSMENT SECTION

CHICAGO OFFICE

Room 729

160 North LaSalle Street
Zip Code 60601

SPRINGFIELD OFFICE
Room 206
325 West Adams Street
Zip Code 62704

Instructions Accompanying Capital Stock Tax Return for 1969 (Form RLG - 10)
(Formerly PTD - 1)

READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT RETURN

FILE ONE RETURN AND RETAIN DUPLICATE FOR YOUR FILES

CORPORATIONS REQUIRED TO FILE RETURNS WITH THE ILLINOIS DEPARTMENT OF REVENUE

Under the provisions of Section 78 of the Revenue Act of 1939 (Illinois Revised Statutes, Chapter 120, Section 559), all corporations incorporated under the laws of Illinois, other than banks, mutual building, loan and homestead associations, and companies organized for purely manufacturing and mercentile purposes, or for either of such purposes, or for the mining and sale of coal, or for punting, or for publishing of newspapers, or for the improving and breeding of stock, are required to file a sworn capital stock tax return with the Illinois Department of Revenue. However, those corporations which are organized for purely manufacturing and mercantile purposes, or for either of such purposes, or for the mining and sale of coal, or for printing, or for publishing newspapers, or for the improving and breeding of stock, are subject to assessment on their capital stock by the Local Assessor. Those corporations must report their capital stock information as well as tangible personal property on Illinois Department of Revenue Form 200 C, directly to the Local Assessor (See Consolidated Coal Company v. Miller, 236 Ill. 149).

According to our records every corporation receiving a conv of this

According to our records every corporation receiving a copy of this return is subject to assessment by the Illinois Department of Revenue.

Consolidated returns will not be accepted regardless of stock ownership. A separate return must be made for every corporation operating under a charter issued by the State of Illinois.

TIME AND PLACE OF FILING

Return Form RLG-10 must be filed with the Illinois Department of Revenue, on or before June 1, 1969. There will be no extension of time. Corporations having their principal offices in Cook, DuPage, Kane, Lake, McHenry or Will Counties should send their returns to the Illinois Department of Revenue, Corporate Assessment Section, Room 729, 160 North LaSalle Street, Chicago, Illinois 60601. Corporations having their principal office elsewhere should send their returns to the Illinois Department of Revenue, Corporate Assessment Section, Room 206, 325 West Adams Street, Springfield, Illinois 62704.

PENALTY FOR FAILURE TO FILE SCHEDULE ---FALSE RETURNS

If any corporation shall refuse to supply the information herein required or to subscribe and swear to the same, the Department shall list the capital stock of such corporation according to its best knowledge, information and judgment at its fair cash value, and shall add to the valuation an amount equal to 50% of such valuation. (Revenue Act of 1939, Sec. 54)

Whoever, in making such schedule, shall wilfully swear falsely in any material matter shall be guilty of perjury and punished accordingly. (Revenue Act of 1939, Sec. 55)

GENERAL

This information required for this return is, in general, available from books of accounts and Federal Income Tax Returns. No difficulty will be experienced in preparing this return if the instructions are followed carefully and Federal returns are relied upon for basic data.

If the space provided on the return for any item is insufficient, attach supporting schedules.

Fill out all blanks and schedules completely and answer all questions unless they are specifically inapplicable.

Federal Employer Identification Number must be filled in.

If doubt arises concerning any matter relating to the return or it certain sections appear to be obscure, feel free to communicate with the Department.

SCHEDULE A

This part of the return is designed to indicate the value of the corporation as evidenced by the market value of its outstanding securities and should be completed only by those corporations whose own securities are listed on an exchange or actively traded in over the counter. The data necessary for columns 2, 3, 4, 5 and 6 should be derived by taking the high and low quotations for each month in the year and computing a simple arithmetical average of these twenty-four quotations. The years indicated in columns 2, 3, 4, 5 and 6 should include quotations for the period beginning April 1st and closing March 31st. If any other average is used, the method of computation should be indicated and a reason given for not following the procedure outlined. The aggregate market value of stocks and funded debt is determined by totaling column 10.

SCHEDULE B

This schedule is for reporting assessments of real estate in Illinois in order that deductions may be made from the gross value of the corporation in the manner required by law. List only the real estate assessed in Illinois. Under "Character of Property" designate the type of property, as for example, "theater building", "office building", "three-flat apartment building", "vacant lot", "farm land", etc. In column 2 give the legal description of each parcel; in column 3 name the county in which the property is located; in column 4 show the assessed value as equalized by the Department, appearing in your 1968 tax bill which is received and payable in 1969 and amount of tax billed in column 5.

If more space is needed, attach a supplemental schedule.

SCHEDULE C

This schedule is for reporting assessments of tangible personal property in Illinois in order that deductions may be made from the gross value of the corporation in the manner required by law. List only tangible personal property assessments within Illinois. Show the amount of the assessed value as equalized by the Department and the amount of tax billed in columns 3 and 4. This data is obtained from your 1968 tax bill or receipt, which in most counties is received early in 1969.

The capital stock assessment must not be included in this schedule. In some Downstate counties, the tax bill or receipt will not show the assessment of tangible personal property separately from capital stock. In such cases, the taxpayer should refer to the lists of assessments published by the local assessor and by the illinois Department of Revenue, or to notices received from these agencies.

SCHEDULE D

This schedule is designed to provide a bests for allocating the value of a company between Illinois and other states or countries in case a corporation owns property outside Illinois. The schedule should be disregarded by corporations which do not own property outside the State.

When reporting "Gross business, receipts or sales" include only receipts from regular business operations.

SCHEDULE E

This schedule is a standard form of balance sheet to be filled in as of the close of business March 31, 1969

The balance sheet form in Schedule E has three columns on the asset side. Column 1 must show the assets and liabilities as they are carried on the books and records of the company. This column must always be filled out. Column 2 is for the purpose of showing any adjustment from book figures which may be necessary in order to reflect the true fair cash value of the assets. Column 3 is for indicating the basis of valuation used on column 2. In any case where an asset is shown in column 2 at less than book value, detailed information and reasons must be submitted under oath.

IN ORDER THAT THE TAXPAYER MAY OBTAIN THE PROPER DEDUCTIONS FOR EXEMPT FEDERAL SECURITIES, STOCKS OF ILLINOIS CORPORATIONS, STOCKS OF ILLINOIS STATE BANKS AND NATIONAL BANKS, AND STOCKS OF FOREIGN CORPORATIONS OWNING TANGIBLE PROPERTY ASSESSED IN ILLINOIS, AN ITEMIZED LIST OF SUCH HOLDING MUST BE ATTACHED TO THE RETURN.

The current liabilities section should show in detail all items representing debt for current purposes, such as rent, wages, taxes, insurance, etc. Bonds, mortgages and long-term notes usually are indebtedness NOT for current expenses. HOWEVER, DEBTS INCURRED FOR THE PURCHASE OR IMPROVEMENT OF ANY KIND OF PROPERTY ARE ALWAYS FOR NONCURRENT EXPENSES, NO MATTER HOW LONG OR SHORT A TIME THE LOAN RUNS.

SCHEDULE F

Data necessary for completing this schedule should be obtained from the books and records of the corporation. Any differences in these figures and those reported on Federal Income Tax Return must be explained by supporting statement.

SCHEDULE G

In this schedule, report the amount of capital stock assessment and tax paid for each of the last three years. Receipted tax bills must be available for inspection upon request.

SCHEDULE H

This schedule is used to show the earning power of the corporation over a period of years. Columns 4, 5 and 6 must correspond with Schedule F items, 4, 7 and 17, respectively. By multiplying the data in column 7 by the respective figures in column 8 more weight is given to the earnings of recent years. By dividing the total obtained in line 1 by 8, or by the sum of the weights employed in column 8, an average annual weighted earning for the five-year period is obtained.

The operations performed in line 3 express the value of the corporation based on its average earning power. If, for example, a corporation has net earnings of \$10,000 and the current rate of return on similar investments is seven per cent, its value as indicated by this measure would be \$142,857.

It should be noted that loss years as well as profit years are to be included in the calculations.

If the total weighted earnings for the five-year period, line 1, is negative, the calculations for lines 2 and 3 should not be performed. In this case leave the amounts in lines 2 and 3 blank.

SCHEDULE I

Data necessary for completing this schedule should be obtained from the books and records of the corporation. Any differences in these figures and those reported on Federal Income Tax Return must be explained by supporting statement.

SCHEDULE J

The return must be signed by the president and treasurer (or secretary) of the corporation. It should bear the name, official status, address and telephone number of the representative with whom the return may be discussed.

NOTE

Before submitting this return the following points should be checked:

- 1. HAVE ALL OF THE SCHEDULES BEEN FILLED OUT COMPLETELY?
- 2. Have you communicated with the Illinois Department of Revenue (Corporate Assessment Section) regarding those sections which have caused difficulty?
- 3. Have DETAILED SCHEDULES been prepared listing:
 - (a) Stocks of Illinois corporations, and of foreign corporations owning tangible property assessed in Illinois
 - (b) Illinois and National bank stocks
 - (c) Federal securities
 - (d) Liabilities for current purposes
 - (e) Items marked (*) in Schedules F and F of Return
- 4. Has the schedule been signed by the proper OFFICERS?
- 5. Has the schedule been notarized?

When all returns have been audited, the amount of the CAPITAL STOCK assessment is published in the state official newspaper and as a courtesy the taxpayer is also notified by letter of this amount. If the taxpayer feels that the assessment is not proper, he may object WITHIN TEN DAYS from the date of publication and the matter is set down for a hearing.

CAPITAL STOCK TAX RETURN — 1969

STATE OF ILLINOIS
DEPARTMENT OF REVENUE
DIVISION OF LOCAL GOVERNMENTAL AFFAIRS
AND PROPERTY TAX

RLG-10 (12/68)

	THIS RETURN M	UST BE FILED page 4 for m				.969			
1=0236=0950	WRECKING COMPANY, ATH STREET	0	2	7		Federal Emp es corporatio the Internal R	n operate	under sub	ochapter S
Nature of Business		Date of inc	corporatio	n		County			
SCHEDULE A	MARKET V	ALUE OF STO	CK AND I	NDEBTED	NESS				
Character of security (1)	Average of monthly high and lo 1964-1965 1965-1966 1966-19 (2) (3) (4)		1968-1969	Colum	nns 5 and 6	Average unit value of securi- ties. Col. 7 di- vided by no. of years reported (8)	Numbe of units outstandi (9)	of s	rket value securities 8 x Col. 9 (10)
Stocks: Funded Debt:		a esti	Dan.						. =: -
Exchanges on which securities	es are listed	Mo	Aggregate	market	value of	stocks and f	unded deb		
SCHEDULE B	REAL ESTATE ASS	ESSMENT AN	D AMOUN	T OF TAX	(Illinois	only)			
Character of property (1)	Legal description or Address where	assessed	Vol No.	Item Vo. or Page and Line	Cour whe locat (3)	re equal ed 19	d valuations zed shown o 68 tax bill (4)	n Amou	int of tax illed (5)
TO BY	Mine	TURM	Mar				A		
	TUMS IN			alla	Wall.				
Column 4 figures mu	st be taken from 1968 tax bi	Ils payable in	1969	Totals					
SCHEDULE C	TANGIBLE PERSONAL PROP		MENT AN	D AMOUN		X (Illinois only	ED .		
Township where assessed (1)	Addr	ess where asses	ssed			Assessed valuat equalized show 1968 tax bil (3)	n on	Amoun tax bill (4)	t of ed
	W			an Re	9000				
SCHEDULE D	t be taken from 1968 tax bills ALLOCATION DATA (c		- (P. 11)	perty outs	ide Illin	ois only)			
(Report any other items rele	Item vant to your company's business) (1)	7el	no for the	Amount wi				Percentage In Illinois (5)	distribution Outside Illinois (6)
Gross business receipts c Book value of tangible perstate (List by classes and	or sales rsonal property and real d location on a separate sheet)	\$		\$		\$			
3. Value of tangible assests	outside of Illinois (include only	is actata		machinar	e formit	P	mont)	\$	

CONTRACTOR OF ST
İ
ALUATION 3 above the base of each class of each class of in column 2 shown in columner oath.
Abb
viati
e, er
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L

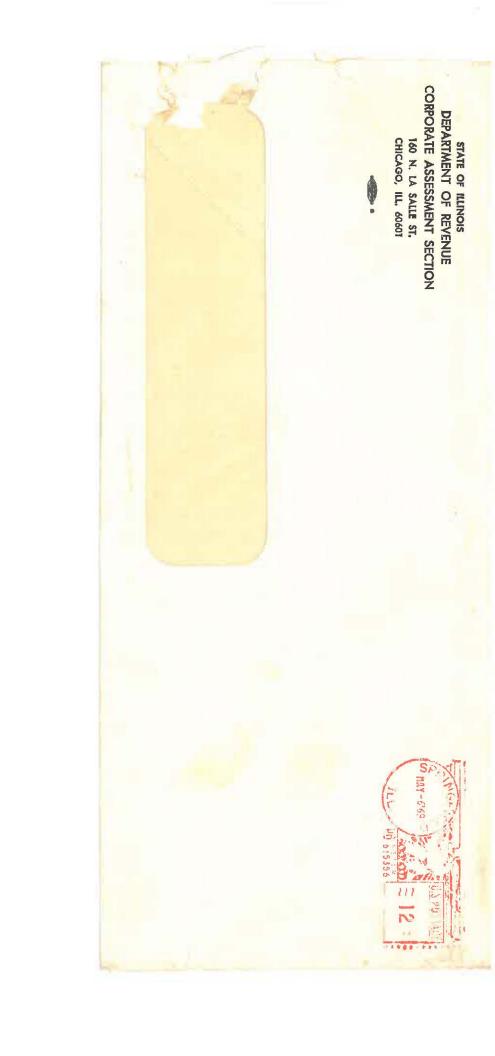
				Pa	ge 3					
SCHEDUL	E F	STATEM	ENT OF PROFIT AN	ID LOSS, CALENI	DAR YEARS, OR	FISCAL YE	ARS EN	DING		(OMIT CENTS
	400			INCOME			19	66	1967	1968
			1. Gross Sales or O			owances)				
			2. Less: Cost of Go							
				t from Operations				20,416.1		
			4. Interest on obliga				1			
			5. All other interest							
	*NOTE		6. Rents and royalti							
			7. Dividends on exe							
			8. Capital gains"				1			
ATTACH DE	ETAILED SCHE	DULES FOR	9. Other income							
ALL ITEMS	FOLLOWED B	Y AN (*). IN					PROPERTY ACTIONS			
ADDITION,	SUPPLY DETA	ILED SCHED	10. Total income	(Items 3 to 10)						
ULES OF	ALL ITEMS O	F REVENUE,		EVDENCE	·e					
EXPENSE A	ND CHANGES			EXPENSE				Ī		
SURPLUS V	WHICH ARE OF	AN EXIKA	11. Compensation to				The second			ļ —
ORDINARY	OR NON-	RECURRING	12. Other salaries, w							+
NATURE.			13. Rent							+
			14. Taxes (Other than				-			
-			15. Bad Debts							
			16. Depreciation				1			
			17. Interest on indeb	tedness not for curr	ent purposes					
			18. All other interest				<u> </u>			
			19. Other expenses	**************************************	ind essell idas etc					
			20. Total expense	s (Items 11 to 19)				-		
			21. Net Income (I	tem 10 less item 20))					
			22. Income taxes pay	able		de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la				
			23. Net Income a	fter income taxes (Item 21 less Item 2	22)				
			24. Other surplus cre	dits and reconciling	; items*					
			25. Earned surplus a	ccount beginning of	f year					
			26. Total of Items	21, 24 and 25						1
			28. Other surplus cha	arges and reconcilir	ig items*					
			The state of the s	25, 27 and 28						
			30. Earned surplus a							
**Stocks of	F Illinois corpo		I banks and foreign				llinois.			
SCHEDULI	E G	PAYME	NT OF CAPITAL STO	OCK TAX TO COU	NTY COLLECTOR	FOR PREC	EDING	3 YEARS		
	-			· · · · · · · · · · · · · · · · · · ·						7
							19	66	1967	1968
Capital Stoc	ck Assessment				*************************					
Amount of	Capital Stock	Tax Pald		************************						
SCHEDULI	E H	SUMMAI	RY OF NET PROFIT	OR LOSSES FOR	THE PRECEDING	FIVE YEAR	RS (OMI	T CENTS)	
				Less dividends	1			Weights	1	
	Fiscal Year ending	Five year	Less interest on	from stocks of Illinois banks,	Add — Interest paid or accrued	Net incor		Appli- cable	Net profits o	r losses in col. 7
Year	(Indicate fractional	net income or loss after	obligations of	Illinois corpo- rations. National	on indebtedness not for current	(col. 3 plu minus co	s col. 6	to net	multiplied	by respective in col. 8
	years)	taxes	- The Others	banks, etc.	expenses	and	5)	or loss	18010	
(1)	(2)	(3)	(4)	(5)	(6)	(7)		(8)		(9)
	1064									
1st	1964							1		
2nd	1965							1		20100
							- 1/2			
3rd	1966					-		1		
4th	1967							2		

ı.	Total column 9	}
2.	If 5 years earnings are reported divide by 8; 4 years by 7; 3 years by 6; 2 years by 5	
3.	Average weighted earnings divided by 7 and multiplied by 100	

5th

1968

SCHEDULE I	COMPENSATION OF OFFICERS
	on latest Federal Income Tax Return\$
2. Number of officers receiving such compensation	
3. How many of these officers devote full time to the	company's business?
4. Average number of employees (exclusive of officer	s)
	MAILING INSTRUCTIONS
 If corporation's principal office is located in COOK Corporate Assessment Section, Room 729, 160 No. 	K, DuPAGE, KANE, LAKE, McHENRY or WILL county send return to Department of Revenue, orth LaSalle Street, Chicago, Illinois 60601.
 If corporation's principal office is located elsewhere West Adams Street, Springfield, Illinois 62704. 	e send return to Department of Revenue, Corporate Assessment Section, Room 206, 325
	NOTE
Before submitting this return the following points should be ch	
1. HAVE ALL OF THE SCHEDULES BEEN FILLED OUT COMPLI	
 Have you communicated with the Illinois Department of Re Have DETAILED SCHEDULES been prepared listing: 	evenue (Capital Stock Division) regarding those sections which have caused difficulty?
(a) Stocks of Illinois corporations, and of foreign corpo	rations owning tangible property assessed in Illinois.
(b) Illinois and National bank stocks. (c) Federal securities.	
(d) Liabilities for current purposes marked (*).	
(e) Items marked (*) in Schedules E and F of Return.	
Has the schedule been signed by the proper authorities?	
5. Has the schedule been notarized? When all returns have been suidited the amount of the CA	PITAL STOCK TAY assessment is published in the state official newspaper and as a courtesy the tay.
payer is also notified by letter of this amount. If the taxpayer and the matter is set down for a hearing.	APITAL STOCK TAX assessment is published in the state official newspaper and as a courtesy the tax- feels that the assessment is not proper, he may object WITHIN TEN DAYS from the date of publication
PENALTY FOR	FAILURE TO FILE SCHEDULE — FALSE RETURNS
	rein required or to subscribe and swear to the same, the Department shall list the capital stock of such i judgment at its fair cash value, and shall add to the valuation an amount equal to 50% of such
corporation according to its best knowledge, information and valuation. (Revenue Act of 1939, Sec. 54)	judgment at its fair cash value, and shall add to the valuation an amount equal to 50% of such
Whoever, in making such schedule, shall wilfully swear of 1939, Sec. 55)	falsely in any material matter shall be guilty of perjury and punished accordingly. (Revenue Act
SCHEDULE J	SIGNATURE AND OATH
Name of person to whom requests for additional data may	y be directed .
Relation to company	Address
STATE OF This Retur	rn must be signed and sworn to by the President and Treasurer (or Secretary) of Company.
- ss.	resident and Treasurer (or Secretary) of the
Corporation, for which this return is made, being duly sworn, e and schedules attached, which are hereby made a part of thi	each for himself on oath says that the matters set forth in the foregoing return, and in all statements is return, correspond to the books of said corporation and are true and correct.
	President.
	T
	Treasurer or Secretary.
Subscribed and sworn to before me, this	
	Notary Public.
(My Commission expires)	County State.



U. S. SCRAP COMPANY

11507 South Michigan Avenue CHICAGO, ILLINOIS 60628

Nº 3263

TO: regstone Weeking Co.
96 43 S. Princeton

DATE 6-30-69

NET IO DAYS

DATE	TICKET NUMBER	DESCRIPTION	PRICE	AMOUNT
6-19-69	6754		10-00	
9		DRUMS OF WASTE TO DUMP.	24:	
F. Comments		pickup at 515 w. aunitog		
3		U U		
		3F		
6				
\$ 24				

U. S. SCRAP COMPANY

11507 South Michigan Avenue CHICAGO, ILLINOIS 60628

Nº 3266

TO: Keystone Wrecking Co.

9643 S. Princeton

Chicago III.

DATE 6-30-69

NET 10 DAYS

DATE	TICKET NUMBER	DESCRIPTION	PRICE	AMOUNT
6-6	6649	CUBIC YARD CONTAINER OF RUBBISH TO DUMP	55 20	
6-7	9652	DRUMS OF WASTE TO DUMP	per Id.	
6-8	6650			N. W.
6-9	9651	11 Loads		60500
6-10	9655	77 20040		
6-11	9659			
6-11	9750	pukup 5750 N. Lens	nove	
6-19	9672			
6-19	9671			
6-19	9673			

WAIVER OF LIEN

State of Illinois]	April 28, 1969	19 69
County ofCook	} ss.		
TO ALL WHOM IT MAY CONCERN:			
Whereas We the undersigned	Continental Wrec	king Company	
na <u>Ve</u> been employed by She	ll Oil Company		
to furnishlabor, n	naterials and servic	es. No sub-contractor	's have been
used and all labor has bee	n paid in full		19900
for the Building known as 3149	AT 15 100000000 NA		
			- Middle
_ot No Section	Towns	hin	Range
County of Cook			
NOW, THEREFORE, KNOW YE, That			
or and in consideration of the sum of			
and other good and valuable considerations,			:
claim or right to lien on said above described			
on account of labor or materials, or both,			
Shell	Oil Company		
		for	
Given under my hand and seal			
na manamana in manamana in 12 anni da anni da anni da anni da anni da anni da anni da anni da anni da anni da a	NUMBER OF THE STREET	2000 V 97.5	SORNING SERVICES OFFICE A
areas, as			(A.W.)
Vitness:			(SEAL)
	<u> </u>	WPRV LVIU	(SEAL)
FORM 595		1970 - 19	20, 50
ACTICAL FORM 595			APP IN U.S.A



CONTINENTAL WRECKING COMPANY, INC.

1632 EAST 134TH STREET CHICAGO, ILL. 60617

Nº 1058

Shell Oil Company 2720 Des Plaines Avenue Des Plaines, Illinois

April 30, 1969

STATEMENT

Final payment on the demolition of buildings located at 3149-61 West Roosevelt Road

\$13,000.00

Insurance reimbursement

600.00

TOTAL

\$13,600.00



. EXPERTS AT DEMOLITION FOR PROGRESS



Area 312, 646-2242

CONTINENTAL WRECKING COMPANY, INC.

1632 EAST 134TH STREET CHICAGO, ILL. 60617

Nº 1058

Shell Oil Company 2720 DesPlaines Avenue DesPlaines, Illinois

April 30, 1969

STATEMENT

Final payment on the demolition of buildings located at 3149-61 West Roosevelt Road

Insurance reimbursement

TOTAL

600.00

\$13,000.00

\$13,600.00



EXPERTS AT DEMOLITION FOR PROGRESS

R. C. BRUSSLAN & Co. GENERAL INSURANCE 330 SOUTH WELLS STREET

CHICAGO 6, ILL. WEBSTER 9-4537

Certificate of Insurance

This is		hereinafter described has been e		
	INTERSTATE FIRE	E & CASUALTY COMPANY		
Term: E	insured:CONTINEN	83 061922 3/10/69 Years from 12/10/68 TAL WRECKING CO., IN	C.	
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$200,000. ## One Accident \$300,000. ## Aggregate \$#	0.10 1 0.0001	Bodily Injury One Person \$ 150,000 One Accident \$ 200,000
Locations Covered		Job: 3411 West 58th Chicago, Ill.	St.	Property Damage One Accidents 50,000 Aggregate \$ 250,000
Classification Mark Severed		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000.
TRACTUAL				Property Damage One Accident \$ 100,000.
The Samue	HOLD HARMLESS			Aggregate \$ 300,000
The same of	20, 111.	- CITY OF CHICAGO	iffecting this Certificate.	
2/27	& Co. assumes no respon	sibility or liability for failure to g	ive such notice. BRUSSLAN & CO.	

R. C. BRUSSLAN & Co. GENERAL INSURANCE

330 SOUTH WELLS STREET CHICAGO 6, ILL.

WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

whom we will advise 10

Date: 3/17/69

Term: (insured: CONTINER	3/10/69	-	
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$100,000. M One Accident \$300,000. M Aggregate \$M	One Person \$ 50,000. M Aggregate \$ 50,000. M	Bodily Injury One Person \$ 150,000. One Accident \$ 200,000.
Locations Covered		Job: 2239 Gullerton Chicago, Ill.	2	Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000. Property Damage One Accident \$ 100,000.
CONTRACTUAL	HOLD HARMLESS			Aggregate \$ 300,000

__ days notice of cancellation or any change affecting this Certificate.

R. C. BRUSSLAN & CO.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & Co. GENERAL INSURANCE 330 SOUTH WELLS STREET CHICAGO 6, ILL. WEBSTER 9-4537

Certificate of Insurance

Term: E	INTERSTATE FIRE No(s) GC 564 075 & 1 Effective One insured: CONTINEN	AL INSURANCE COMPANY & CASUALTY COMPANY 83 061922 3/10/69 Years from 12/10/68 TAL WRECKING CO., IN	3/10/70 .012/10/69	
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$2.00,000. M One Accident \$300,000. M Aggregate \$	One Person \$ 50,000. MA Aggregate \$ 50,000. MA	Bodily Injury One Person \$ 150.000. One Accident \$ 200.000.
Locations Covered		Job: Shi30 S. Fr.	neeton 1.	Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. † One Accident \$ 500,000. † Property Damage One Accident \$ 100,000.
- CUTDACTUAL	HOLD HARMLESS			Aggregate \$ 300,000 N

days notice of cancellation or any change affecting this Certificate.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

4/18/69

Kind

R. C. BRUSSLAN & Co.
GENERAL INSURANCE
330 SOUTH WELLS STREET
CHICAGO 6, ILL.
WEBSTER 9-4537

Certificate of Insurance

Term: E	olo(s) GC 564 075 & 1 Iffective One insured: CONTINEN	3/10/69		
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$200,000. M One Accident \$300,000. M Aggregate \$M		1
Locations Covered		Job: 6241 S. Wood Chicago, X1		Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine	or Structures -#345lsxc	Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000.
	HOLD HARMLESS	1		Property Damage One Accident \$ 100,000. Aggregate \$ 300,000

_ days notice of cancellation or any change affecting this Certificate.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

11/13/69

R. C. BRUSSLAN & Co.

GENERAL INSURANCE 330 SOUTH WELLS STREET CHICAGO 6, ILL. WEBSTER 9-4837

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

whom we will advise 10

1/18/69

Term: E	No(s) GC 564 075 & 1 Effective One insured: CONTINEN	3/10/69		
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$100,000. M One Accident \$300,000. M Aggregate \$M		Bodily Injury One Person \$ 150.000. One Accident \$ 200,000.
Locations Covered		Job: 3211-26 West Chicago, I 11	26th Street incis	Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine	or Structures -#345lexc	Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000.
CONTRACTUAL	HOLD HARMLESS			Property Damage One Accident \$ 100,000. Aggregate \$ 300,000
	ate issued at the request of:	NT - CLEY OF CHICAGO		, 105, 105, 110, 110, 110, 110, 110, 110

_days notice of cancellation or any change affecting this Certificate.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & Co.

GENERAL INSURANCE 330 SOUTH WELLS STREET CHICAGO 6, ILL. WEBSTER 9-4537

Certificate of Insurance

	INTERSTATE FIRE	& CASUALTY COMPANY		
Policy 1	No(s) GC 564 075 & 1	83 061922		
Term: I	Effective One	3/10/69 Years from 12/10/68	3/10/70 0.12/10/69	
Name of	insured: CONTINEN	TAL WRECKING CO., IN	· ·	pl.
P.O. Ad	dress: 1632 E.	134th Street, Chicag	o. Illinois	
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$100,000. M One Accident \$300,000. M Aggregate \$ M	One Person \$ 50,000. N	Bodily Injury One Person \$ 150.000. One Accident \$ 200,000.
Locations Covered		Job: 747 Hest bo		Property Damage One Accident's 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000.
	HOLD HARMLESS			Property Damage One Accident \$ 100,000. Aggregate \$ 300.000

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

4/18/69

R. C. BRUSSLAN & Co. GENERAL INSURANCE 330 SOUTH WELLS STREET CHICAGO 6, ILL.

WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Term: E	insured: CONTINEN	83 061922 3/10/69 Years from 12/10/68 TAL WRECKING CO., IM 134th Street, Chicag	<i>c</i>	
ind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation. Law of	One Person \$200,000. M- One Accident \$300,000M Aggregate \$	One Person \$ 50,000. M Aggregate \$ 50,000. M	Bodily Injury One Person \$ 150.000. One Accident \$ 200.000.
Locations Covered		Job: 700 East 46t Chicago, 111	h Street inois	Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine	or Structures -#3451sxc	Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000. Property Damage
CONTRACTUAL	HOLD HARMLESS			One Accident's 100,000. Aggregate \$ 300.000
This certific	BUILDING DEPARTME	NT - CITY OF CETCAGO		VERICRATE \$ 500 FOOD

R. C. BRUSSLAN & Co. GENERAL INSURANCE 330 SOUTH WELLS STREET CHICAGO 6, ILL.

WEBSTER 9-4537

Certificate of Insurance

	INTERSTATE FIR	E & CASUALTY COMPANY		
Term:		3/10/69 Years from 12/10/68		
0. Ad		NTAL WRECKING CO IN 134th Street, Chicag		
alicy	Workmen's Compensation	Public Liability	Property Damage	Excess
	Provided By Workmen's Compensation Law of	One Person \$200,000. M One Accident \$300,000. M Aggregate \$ M	One Person \$ 50,000. M Aggregate \$ 50,000. M	Bodily Injury One Person \$ 150,000. One Accident \$ 200,000.
		Job: 6710 8. Abe		Property Damage One Accidents 50,000. Aggregate \$ 250,000.
		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000.
	at the request of:	e - cray of carcago		Property Damage One Accident \$ 100,000. Aggregate \$ 300,000

notice of cancellation or any change affecting this Certificate.

responsibility or liability for failure to give such notice.

B. C. BRUSSLAN & CO.
B. Kalph Bundan

R. C. BRUSSLAN & Co. GENERAL INSURANCE 330 SOUTH WELLS STREET CHICAGO 6, ILL.

WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

4/13/69

Term: £	olo(s) GC 564 075 & 1 One insured: CONTINEN	8 CASUALTY COMPANY 83 061922 3/10/69 Years from 12/10/68 TAL WRECKING CO., IM	<i>g</i> .	
ind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
imits	Provided By Workmen's Compensation Law of	One Person \$100,000. M One Accident \$300,000. M Aggregate \$ M	One Person \$ 50,000. M Aggregate \$ 50,000. M	Bodily Injury One Person \$ 150,000. One Accident \$ 200,000.
ocations Covered		Job: 1509 S. See Chilengo, Li		Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine		Total Limits Bodily Injury One Person s 250,000. One Accidents 500,000. Property Damage
CONTRACTUAL	HOLD HARMLESS			One Accident \$ 100,000. Aggregate \$ 300,000
This certific	ate issued at the request of: THE TOTAL THE STREET	e of cancellation or any change a		

GENERAL INSURANCE 330 SOUTH WELLS STREET CHICAGO 6, ILL. WEBSTER 9-4537

Certificate of Insurance

	TOWAL INSURANCE COMPAN	
INTERSTATE F	TRE & CASUALTY COMPANY	
GC 564 075 8	183 061922	
	2 183 061922 3/10/69 Years from 12/10/68	3/10/70
· one	Years from 12/10/08	to 12/10/69
CONTETE	TENTAL WRECKING CO., I	INC.

Compensation	Public Liability	Property Damage	Excess
Workmen's Law of	One Person \$200,000. M One Accident \$300,000. M Aggregate \$M	Aggregate \$ 50,000.	Bodily Injury One Person \$ 150,000. One Accident \$ 200,000.
	Job: 1008 %. 11s		One Accidents 50,000. Aggregate \$ 250,000.
	Wrecking Buildings not marine	or Structures -#345lsxc	Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000.
The state of the s			Property Damage One Accident \$ 100,000. Aggregate \$ 300.000

request of:

DEPARTMENT - CITY OF CHICAGO

FINOIS

rs notice of cancellation or any change affecting this Certificate.
responsibility or liability for failure to give such notice.

B. C. BRUSSLAN & CO.
B. Karph Bunche

GENERAL INSURANCE 330 SOUTH WELLS STREET CHICAGO 6, ILL.

WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Date: 3/11/69

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$200,000. H One Accident \$300,000M Aggregate \$ H	Aggregate \$ 50.000. M	Bodily Injury One Person \$ 150,000 One Accident \$ 200,000
Locations Covered		Job: 741 W. 60th P Chicago, 111.	lace	Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000. Property Damage One Accident \$ 100,000.
CONTRACTUAL	HOLD HARMLESS			Aggregate \$ 300,000

GENERAL INSURANCE 330 SOUTH WELLS STREET CHICAGO 6, ILL.

WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

3/17/69

Term: E	No(s) <u>GC 564 075 & 1</u> Effective <u>One</u> insured: <u>CONTINEN</u>	& CASUALTY COMPANY 83 061922 3/10/69 Years from 12/10/68 TAL WRECKING CO., INC. 134th Street, Chicag	c	
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$100,000. M One Accident \$300,000. M Aggregate \$ M		Bodily Injury One Person \$ 150,000. One Accident \$ 200,000.
Locations Covered		Job: 4914-16 S. St. Chicago, 111.	Lawrence	Property Damage One Accidents 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000. Property Damage One Accident \$ 100,000.
CONTRACTUAL	HOLD HARMLESS			Aggregate \$ 300.000
Name	ate issued at the request of: OILDING DEPARTMENT Thicage, III. Il advise 10 days notice	e of cancellation or any change a	offecting this Certificate.	

GENERAL INSURANCE
330 SOUTH WELLS STREET
CHICAGO 6, ILL.
WEBSTER 9-4537

Certificate of Insurance

Term: E	No(s) GC 564 075 & 1 Iffective One Insured: CONTINER	3/10/69 Years from 12/10/68 TTAL WRECKING CO., IN	13	
F.O. Ad	Workmen's Compensation	134th Street, Chicag	Property Damage	Excess
i ons	Provided By Workmen's Compensation Law of	One Person \$200,000. M One Accident \$300,000. M Aggregate \$M	One Person \$ 50.000. M Aggregate \$ 50.000. M	
d		Job: 13516 S. Braz Chicago, Ill	ndon	Property Damage One Accident \$ 50,000 Aggregate \$ 250,000
Cation		Wrecking Buildings not marine	or Structures -#3451sxc	Total Limits Bodily Injury One Person \$ 250,000 One Accident \$ 500,000
	MARMLESS			Property Damage One Accident \$ 100,000 Aggregate \$ 300,000
11/10	10	e of cancellation or any change a	ffecting this Certificate.	

GENERAL INSURANCE 330 SOUTH WELLS STREET CHICAGO 6, ILL. WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with LA SALLE MATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

P.O. Ad	dress: 1632 E.	134th Street, Chicago	o. Illinois	
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$100,000. M One Accident \$300,000. M Aggregate \$M	One Person s 50,000. M Aggregate s 50,000. M	1
Locations Covered		Job: 435 W. Evergo Chicago, Ill	reen - Front & Rear	Property Damage One Accidents 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000.
	HOLD HARMLESS			Property Damage One Accident \$ 100,000. Aggregate \$ 300,000

R. C. BRUSSLAN & CO.

WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

whom we will advise 10

Date: 3/17/69

Term: E	1400 8	3/10/69		
ind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
.imits	Provided By Workmen's Compensation Law of	One Person \$100,000. M One Accident \$300,000. M Aggregate \$M	One Person \$ 50,000. M Aggregate \$ 50,000. M	Bodily Injury One Person \$ 150,000 One Accident \$ 200,000
ocations covered		Job: 5526 S. Hals Chicago, Ill		Property Damage One Accident \$ 50,000 Aggregate \$ 250,000
Classification f Work Covered		Wrecking Buildings not marine	or Structures -#3451sxc	Total Limits Bodily Injury One Person \$ 250,000 One Accident \$ 500,000
ONTRACTUAL	HOLD HARMLESS			Property Damage One Accident \$ 100,000 Aggregate \$ 300,000

__ days notice of cancellation or any change affecting this Certificate.

R. C. BRUSSLAN & CO.

R. C. BRUSSLAN & Co. GENERAL INSURANCE 330 SOUTH WELLS STREET

CHICAGO 6, ILL.

WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

		Years from 12/10/68 TAL WRECKING CO., IM 134th Street, Chicag	<i>c</i>	
(ind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
	rovided By Workmen's ompensation Law of	One Person \$100,000. H One Accident \$300,000. H Aggregate \$ ———————————————————————————————————	One Person \$ 50,000. Al	170 000
Locations Covered		Job: 2731 W. Divisi Chicago, Ill.	on	Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000.
				Property Damage One Accident \$
CONTRACTUAL HOL	LD HARMLESS			Aggregate \$ 300,000

__days notice of cancellation or any change affecting this Certificate.

R. C. BRUSSLAN & CO.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Date: 3/17/69

GENERAL INSURANCE 330 SOUTH WELLS STREET CHICAGO 6, ILL.

WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Term: E	insured: CONTINE	3/10/69		
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$200,000. M One Accident \$300,000. M Aggregate \$M	One Person \$ 50,000. MA Aggregate \$ 50,000. MA	Bodily Injury One Person \$ 150,000. One Accident \$ 200,000.
Locations Covered		Job: 9022 S. Buffa. Chicago, Ill.	l o	Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine	or Structures -#3451szc	Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000. Property Damage
	HOLD HARMLESS			One Accident \$ 100,000. Aggregate \$ 300,000
Name _BU	rate issued at the request of:	- CITY OF CHICAGO		

__days notice of cancellation or any change affecting this Certificate.

R. C. BRUSSLAN & CO.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Date: 3/17/69

GENERAL INSURANCE
330 SOUTH WELLS STREET
CHICAGO 6, ILL.
WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE MATIONAL INSURANCE COMPANY

J11.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Chicago,

whom we will advise 10

3/17/69

Term: E	No(s) GC 564 075 & 1 Effective One insured: CONTINER	E & CASUALTY COMPANY 183 061922 3/10/69 Years from 12/10/68 ITAL WRECKING CO., IN 134th Street, Chicag	c.	
nd of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
mits	Provided By Workmen's Compensation Law of	One Person \$200,000. M One Accident \$300,000. M Aggregate \$M	One Person \$ 50,000. M Aggregate \$ 50,000. M	
ocations overed		Job: 2827 N. Orchai Chicago, Ill.	đ	Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
assification Work overed		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000.
				Property Damage One Accident \$ 100,000.
ONTRACTUAL	HOLD HARMLESS		<u> </u>	Aggregate \$ 300,000
This certific	cate issued at the request of: BUILDING DEPARTM	ENT - CITY OF CHICAGO	0	

__ days notice of cancellation or any change affecting this Certificate.

By .

GENERAL INSURANCE
330 SOUTH WELLS STREET
CHICAGO 6, ILL.

WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Date: 3/17/69

Term: B	insured: CONTINEN	3/10/69	-	
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$200,000. M One Accident \$300,000. M Aggregate \$M	One Person \$ 50,000. MA	150 000
Locations Covered		Job: 255-65 N. Ked: Chicago, Ill.	rie	Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine	or Structures -#3451sxc	Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000. Property Damage One Accident \$ 100,000.
CONTRACTUAL	HOLD HARMLESS			Aggregate \$ 300,000
Name	Chicago, Ill.	T - CITY OF CHICAGO	offecting this Certificate.	

WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Date: 3/17/69

	INTERSTATE FIRE	& CASUALTY COMPANY		
Term: E	1	3/10/69		
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$200,000. M One Accident \$300,000. M Aggregate \$M	One Person \$ 50,000. M Aggregate \$ 50,000. M	Bodily Injury One Person \$ 150,000. One Accident \$ 200,000.
Locations Covered		Job: 7455-59 S. C. Chicago, Ill.		Property Damage One Accidents 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000.
		d		Property Damage One Accident \$ 100,000.
CONTRACTUAL	HOLD HARMLESS			Aggregate \$ 300,000
Name	Chicago, Ill.	ENT - CITY OF CHICAGE		

Certificate of Insurance

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LA SALLE NATIONAL INSURANCE COMPANY

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Date: 3/17/69

Term: E	insured:CONTINEN	83 061922 3/10/69 Years from 12/10/68 TAL WRECKING CO., IM 134th Street, Chicag	c	
ind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
_imits	Provided By Workmen's Compensation Law of	One Person \$1.00,000. M One Accident \$300,000. M Aggregate \$M	One Person \$ 50,000. M Aggregate \$ 50,000. M	
ocations Covered		Job: 5029 S. Calu Chicago, Ill	The second secon	Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000.
				Property Damage One Accident \$ 100,000.
ONTRACTUAL	HOLD HARMLESS			Aggregate \$ 300,000
Name	Chicago, Ill.	T ~ CITY OF CRICAGO e of cancellation or any change a	ffecting this Certificate.	

WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE WATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Name of	insured: CONTINEN	3/10/69 Years from 12/10/68 TAL WRECKING CO., IMP		
(ind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$200,000. M One Accident \$300,000. M Aggregate \$	One Person \$ 50,000. M Aggregate \$ 50,000. M	
Locations Covered		Job: 209 Wendell & 1920 N. Wells Chicago, Ill.	17 51	Property Damage One Accidents 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine	or Structures -#3451sxc	Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000.
				Property Damage One Accidents 100,000.
CONTRACTUAL	HOLD HARMLESS	i a		Aggregate \$ 300,000

__ days notice of cancellation or any change affecting this Certificate.

R. C. BRUSSLAN & CO.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Date: 3/17/69

R. C. BRUSSLAN & Co. GENERAL INSURANCE 330 SOUTH WELLS STREET

CHICAGO 6, ILL. WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

whom we will advise 10

Date: 3/17/69

	INTERSTATE FIRE	E & CASUALTY COMPANY	· · · · · · · · · · · · · · · · · · ·	<u></u>
Term: E	insured: CONTINEN	3/10/69		
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$100,000. M One Accident \$300,000. M Aggregate \$M	One i cicon	Bodily Injury One Person \$ 150,000. One Accident \$ 200,000.
Locations Covered		Job: 6241 S. Wood! Chicago, Ill.		Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000.
CONTRACTUAL	HOLD HARMLESS			Property Damage One Accident \$ 100,000. Aggregate \$ 300,000
Name	ate issued at the request of: BUILDING DEPARTMENT Thicago, Ill.	T - CITY OF CHICAGO		

__ days notice of cancellation or any change affecting this Certificate.

R. C. BRUSSLAN & CO.

WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

whom we will advise 10

3/17/69

Term: E	insured: CONTINE	3/10/69		
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$200,000. M One Accident \$300,000. M Aggregate \$M	One Person \$ 50,000. MA	Bodily Injury One Person \$ 150,000. One Accident \$ 200,000.
Locations Covered		Job: 6441 S. Green Chicago, Ill.	wood -g	Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.
Classification of Work Covered		Wrecking Buildings not marine	or Structures -#345lsxc	Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000. Property Damage One Accident \$ 100,000.
	HOLD HARMLESS			Aggregate \$ 300,000
Name	ate issued at the request of: BUILDING DEPARTMENT Chicago, Ill.	NT - CITY OF CHICAGO	· · · · · · · · · · · · · · · · · · ·	

__ days notice of cancellation or any change affecting this Certificate.

R. C. BRUSSLAN & CO.

WEBSTER 9-4537

Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Date: _3/17/69

INTERSTATE FIRE & CASUALTY COMPANY Policy No(s) GC 564 075 & 183 061922 3/10/69 3/10/70 Term: Effective One Years from 12/10/68 to 12/10/69 Name of insured: CONTINENTAL WRECKING CO., INC. P.O. Address: 1632 E. 134th Street, Chicago, Illinois					
Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess	
Limits	Provided By Workmen's Compensation Law of	One Person \$2.00,000. # One Accident \$300,000. # Aggregate \$	Dark Calabia V	Bodily Injury One Person \$ 150,000. One Accident \$ 200,000.	
Locations Covered		Job: 1619 N. Orch Chicago, Ill		Property Damage One Accident \$ 50,000. Aggregate \$ 250,000.	
Classification of Work Covered		Wrecking Buildings not marine		Total Limits Bodily Injury One Person \$ 250,000. One Accident \$ 500,000. Property Damage One Accident \$ 100,000.	
CONTRACTUAL	HOLD HARMLESS			Aggregate \$ 300.000	
Name	ate issued at the request of: NULLDING DEPARTMENT NICAGO 10 I advise 10 days notice		iffecting this Certificate.		